ACCESS TO PROTECTED HEALTH INFORMATION

Mail To: Privacy Officer, Colorado Department of Health Care Policy and Financing
1570 Grant Street, Denver, CO 80203
*** Please include copy of your Medicaid ID card and Driver's License, or equivalents ***

The Health Insurance Portability and Accountability Act of 1996 requires that we protect the privacy of your protected health information. You have a right to request a copy of your protected health information contained in a designated record set and held by the Department of Health Care Policy and Financing. This request must be made in writing, and may be denied by the Department under certain circumstances. You cannot have access to any psychotherapy notes taken by your mental health therapist or information prepared for use in a civil, criminal or administrative legal action. The Department will act on your request within 30 days (60 days if the information is off site), unless we provide you with notification in writing that a 30-day extension is needed.

If the Department denies your request, we must provide you with a written explanation of the basis for that denial. In some situations, you have a right to request a review of our denial. See the Department's Privacy Policy and Procedures on *Right to Access Protected Health Information,* pursuant to 45 C.F.R. 164.524.

Date: _____

CONTACT INFORMATION

Name: _____

State ID number: _____ Signature: _____

Date of birth: _____ Phone: _____

Address: _____

City, State, Zip: _____

Name of Designated Personal Representative: _____
*** Legal documentation must be included to show authority to receive information ***

Signature of Designated Personal Representative: _____

Relationship of Designated Personal Representative: _____

ALTERNATE MAILING: If you would prefer to have your protected health information record mailed to an alternate location, please provide additional information:

Address: _____

City, State, Zip: _____

FOR INTERNAL USE ONLY

Date received: _____ Date reviewed: _____

Reviewed by: _____ Title: _____

Reviewer's comments and actions: _____